APPENDIX E

VEHICLE CARD/LABEL REPLACEMENT FORM

ORIGINAL RECORD -- TO AVOID DELAYS PLEASE PROVIDE COMPLETE INFORMATION

CARD#	YEAR	MAKE	MODEL	VIN (must be 17 digits)	TAG#	
Change Requ	est (Please che	ck status of origina l	card)			
Lost	Stolen	Damaged	Budget Code Change	Correction		
DamagedBudget Co	cards MUST be ode changes do	not require new care	ercial Fuel Systems, Inc. for reds.	placement. DO NOT CUT CARE		
Change Fields (complete only areas to be changed)						
VIN (must be 17 digits)			FUEL TYPE	TANK	TANK CAPACITY	
		_				
YEAR	MAKE	MODEL	TAG #	BUDGET CODE		
Send new car	ds to: (Please fil	l in complete addres	es)			
Attention:						
Agency:						
Address:						
Signature of pers	on completing form				Date	
Telephone Number				Fax Number		
Signature of Fleet Manager			E-Mail Address		Date	

Send completed forms to: Commercial Fuel Systems, Inc. P.O. Box 71 - Mt. Airy, MD 21771 Phone (301) 829-0875 Fax (301) 829-1916